

Mileage Expense Claim Form

Please note we require your claim forms to be submitted together, once per schedules payment period. Please complete this form for every person who provides transportation services and claims mileage/travel.

In order to process your claim you need to provide the requested information below. If sections are not completed we may not be able to process your claim.

Passport Recipient's Name: Monica Henry
Person Providing Travel: Layla Henry

Date of Travel:	# KM Travelled	Rate per KM or Flat Rate	Amount of Expense:	Purpose of Travel: (Please include specific destination)
April 10 th , 16	30km	0.45	13.50	Trip to Hamilton Art Gallery
April 18 th , 16	40km	0.45	18.00	Trip to Niagara Butterfly Conservatory
April 22 nd , 16	12km	0.45	5.40	Movies and Dinner
TOTALS:	82KM	0.45	36.90	TOTAL AMOUNT CLAIMED: 36.90

I certify that I have provided the travel identified above for the purposes of supporting the Passport Recipient.

Person Claiming Mileage:	Date:
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I verify that the Passport Recipient received the travel identified above.

Primary Contact Signature:	Date:
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